PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0	90	12	59	96
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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER SMALL			
TOTAL CLAIMS						Γ	RATE	FEE	OR I I	RATE	FEE	
FC	PR ·	÷.	NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20= *		0) X\$ 9=			OR	X\$18=		
	EPENDENT CL			Q minus $3 = * O$			I	X40=		OR	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				1	+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			Ļ	TOTAL		OR	TOTAL		
	C	LAIMS AS A	MENDED	- PAR	TII			· · · · · · · · · · · · · · · · · · ·			OTHER THAN	
	1	(Column 1) CLAIMS	NAS SE PURE E	(Colur		(Column 3)	٠	SMALLE	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
INDI	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=	_
AM	Independent FIRST PRESE	* NTATION OF MI	Minus	***	T CL AIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270= _w	
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				'	ADDII. 1 EE 1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR:	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80= `	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		 -	.405			070	•
							L	+135=		OR	+270=	
							A	DDIT. FEE	· ·	OR	TOTAL ADDIT. FEE	
r	promonent of the same of	(Column 1) CLAIMS		(Colu		(Column 3)	· · ·					
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDI	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***	···	<u> </u>		X40=	· · ·	OR	X80=	
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
**	If the "Highest Nu	mber Previously Pa	aid For IN THI	SPACE	is less tha	n 20, enter "20."	* A	TOTAL DDIT. FEE		OR	TOTAL ADDIT: FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

							Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD									•				
		Effec	tive Octob	per 1, 20	001 ———			L					
CLAIMS AS				S FILED - PART I .			SMALL				OTHER THAN		
TOTAL CLAIMS			(Column	11)	(Colu	mn 2)	TYPE	 		OR T · · I	SMALL		
TOTAL CLAIMS				ž.		RAT		FEE	 	RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TC	TAL CHARGE	ABLE CLAIMS	t - เก็กใบร 20=		* */		XS 9)=		OR	X\$18=		
INDEPENDENT CLAIMS			- m	inus 3 =			X42	=		OR	X84=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+140) <u></u> .		OB	+280=		
The state of the s									-OR	TOTAL	· ·		
	1. 0	LAIMS AS A	MENDED) - PAR	T !!			L			OTHER	THAN	
	H	(Column 1)		(Colur	nn 2)	(Column 3)	SMAI	LLE	NTITY	OR	SMALL	ENTITY	
NT A		CLAIMS REMAINING AFTER		HIGH NUMI PREVIO	BER DUSLY	PRESENT EXTRA	RATI	≣	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	* 20	Minus	PAID)		XS 9	=		.OR	X\$18=	•	
MEN	Independent	. 2	Minus	***	3	=	X42=	=	the state of the state of	OR.	X84=		
۷	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+140	_		OR	+280=	m	
							TOT				TOTAL		
ADDIT. FEE										OR,	ADDIT. FEE		
7		(Column 1) CLAIMS		(Colur HIGH		(Column 3)		$\overline{}$	ADDI-			ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	OUSLY	PRESENT EXTRA	RATE		FEE		RATE	TIONAL FEE	
DMI	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=	X42=			OR	X84=		
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		+140:			OR	+280=		
							TOT				TOTAL		
	•						ADDIT. F	EE L		UN ,	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)			 1	1		ADDI-	
NTC		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	TIONAL FEE	
DME	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=	X42=	1			X84=		
₹	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		}	-	· ·	OR			
				- ·	50 1 := -1		+140=			OR	+280=		
** *	f the "Highest Nur	mn 1 is less than th mber Previously Pa	id For IN THE	S SPACE &	s less tha	n 20, enter "20."	ADDIT. F			OR ,	TOTAL ADDIT. FEE		
***	f the "Highest Num	mber Previously Pa lber Previously Pai	aid For" IN THI d For" (Total o	S SPACE i Independe	s less tha ent) is the	n 3, eriter 3. highest number	found in the	appr	opriate box	k in col	umn 1.		